



State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

**CMAA/TCM Backcasting Methodology  
Attachment A**

Date: June 23, 2011

**PPL No. 11-011**

To: Local Governmental Agency (LGA) Coordinators for the County Based  
Medi-Cal Administrative Activities (CMAA) Program

**SUBJECT: County Based MAA Interim Claiming Methodology**

The purpose of this Policy & Procedure Letter is to notify LGA's participating in the CMAA Program of the approved interim claiming methodology to obtain Medi-Cal Administrative Activities (MAA) reimbursements through the CMAA Program, beginning with Fiscal Year (FY) 2010/11. This interim methodology will be in place until a permanent claiming methodology is approved by the Centers for Medicare and Medicaid Services (CMS).

CMS has agreed to grant the State's request to allow LGAs to submit interim claims for MAA reimbursements beginning with FY 2010/11 based on FY 2009/10 time study data. This interim claiming allowance is limited to MAA costs only and does not include Targeted Case Management (TCM) costs, which must be addressed through the State plan process.

The guidelines below indicate the three categories of interim claiming methods that may be used by LGAs to submit CMAA Claims for reimbursement until a permanent claiming methodology is approved by the CMS. Since these guidelines only provide an interim methodology for MAA claiming, some LGAs will be required to adjust their interim MAA claims once CMS approves a permanent claiming methodology.

1. Claiming Units that completed time surveys in FY 2009/10 and will continue participation in the CMAA Program until a permanent claiming methodology is approved by the CMS:

The claiming units that completed time surveys in FY 2009/10 will submit interim claims beginning with FY 2010/11 using their FY 2009/10 time survey data. Once the permanent claiming methodology is approved, these interim claims must be adjusted to meet the requirements of the approved claiming methodology.

2. Claiming Units that completed time surveys in FY 2009/10 but will discontinue participation in the CMAA Program before a permanent claiming methodology is approved by the CMS:

The claiming units that completed time surveys in FY 2009/10, but will discontinue participation in the CMAA Program before a permanent claiming methodology is approved by the CMS, will submit interim claims for the period of time they participated using their FY 2009/10 time survey data. However, since these claiming units will not be in existence once the new time survey methodology is approved, these interim claims will not be adjusted to meet the requirements of the prospectively approved claiming methodology.

3. New Claiming Units that do not have time survey data for FY 2009/10 but began participating in the CMAA Program prior to CMS approval of a permanent claiming methodology, beginning with FY 2010/11:

The claiming units that did not complete time surveys in FY 2009/10, but were approved for participation in the CMAA Program prior to CMS approval of a permanent claiming methodology, will submit interim claims by utilizing an average of the time study results from another claiming unit of similar size and specifications within the same county. Once the permanent claiming methodology is approved, these interim claims must be adjusted to meet the requirements of the approved claiming methodology.

DHCS is providing the following guidelines to ensure that the new claiming units that began participating in the CMAA Program prior to CMS approval of a permanent claiming methodology, but have no time survey data for FY 2009/10, meet the requirements of utilizing an average of the time study results from another claiming unit of similar size and specifications within the same county.

- The new claiming unit and the existing claiming unit must have at least 1 matching time survey classification in each of the respective claiming units.
- The new claiming unit and the existing claiming unit classifications must be surveying time for the exact same approved claiming plan activities.
- If the new claiming unit has a Skilled Professional Medical Personnel (SPMP) staff person surveying time in a specific classification, the existing claiming unit must also have an SPMP staff person surveying time for the exact same classification.
  - Both the new claiming unit and the existing claiming unit SPMP staff classifications must be surveying time for the exact same activities.

- The existing claiming unit staff classification (SPMP and Non-SPMP) can complete a time survey for more activities than the new claiming unit staff classification (SPMP and Non-SPMP).
  - However, the new claiming unit staff classification (SPMP and Non-SPMP) cannot complete a time survey for more activities than the existing staff classification (SPMP and Non-SPMP).
- The new claiming unit classification spending time performing MAA activities should match the existing claiming unit classification time spent performing MAA activities as closely as possible.

Example:

- The existing claiming unit has a Registered Nurse staff classification who performs MAA activities part time, and also has a Registered Nurse who performs MAA activities full time.
- The new claiming unit only has a Registered Nurse classification that performs MAA activities part time.
- The new claiming unit would utilize the part time Registered Nurse to attempt to match MAA eligible time as closely as possible.

If you have any questions or require further assistance regarding this PPL, please contact James "Rob" Williams, Chief, CMAA Unit at (916) 552-9075 or [James.Williams2@dhcs.ca.gov](mailto:James.Williams2@dhcs.ca.gov).

Sincerely,

**ORIGINAL SIGNED BY GERI BAUCOM**

Geri Baucom, Chief  
Administrative Claiming Local and School Services Branch

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